

Washington State Certified Professional Guardian Board

Application for Agency Certification

Revised (08/04) - PRIOR EDITIONS CANNOT BE USED

Current website: <http://www.courts.wa.gov>

To the Washington State Certified Professional Guardian Board:

I hereby apply for certification as a professional guardian agency according to General Rule 23. **PLEASE PRINT.**

Agency Information

Agency Name: _____

Address*: _____
Mailing Address

City State Zip

Phone: _____ Fax Number: _____

Email Address: _____

* The Administrative Office of the Courts (AOC) must be notified within 45 days of any address change.

Agency Officers

List the agency's officers and Board of Directors (attach additional sheets if necessary):

Designated Individuals

List the names (on the following page) of the two persons in the agency designated by the Board of Directors, each of whom is certified as a professional guardian, and is a resident or whose principal place of business is in Washington State and who are so designated in the minutes or a resolution of the agency's Board of Directors. Attach a copy of the minutes or resolution from the meeting in which the designation was made.

1. Full Name:	_____	_____	_____
	Last	First	Middle
Date of Birth:	_____	Social Security Number:	_____
2. Full Name:	_____	_____	_____
	Last	First	Middle
Date of Birth:	_____	Social Security Number:	_____

By designating a person responsible for making decisions on behalf of the agency, your agency agrees to abide by the certification requirements established in statute and by the State Certified Professional Guardian Board. The Office of the Administrator for the Courts must be notified in writing within ten (45) days of any changes in the persons designated.

Please list all Certified Professional Guardians employed by your agency.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Criminal/Guardian History

1. Is there a criminal complaint, accusation, or information, presently pending against any officer or director of the agency in this state or any other state?

Yes ☐ No ☐

If yes, please submit a letter indicating the name of the individual(s) charged, offense(s) charged, along with the court and cause of each pending action.

2. Has any officer or director of the agency ever been disciplined by an administrative or licensing board or had an adverse civil adjudication of the types specified in RCW 43.43.830 and 43.43.842?

These RCWs may be found on the AOC website at the following:

<http://www.leg.wa.gov/RCW/index.cfm?fuseaction=chapterdigest&chapter=11.88>

<http://www.leg.wa.gov/RCW/index.cfm?fuseaction=chapterdigest&chapter=11.92>

Yes ☐ No ☐

If you answered yes, please furnish details on a separate sheet of paper, including the court and cause of each such action.

3. Has anyone ever made a successful claim against a bond where your agency or any guardian currently employed by your agency was the principal?

Yes ☐ No ☐

If yes, please list the state, county and case number of the case(s).

4. Has your agency or any guardian currently employed by your agency ever been relieved of responsibilities as a guardian or conservator by a court, employer, or client for substantiated fraud, moral turpitude, misrepresentation, material omission, misappropriation, theft, or conversion?

Yes ☐ No ☐

If yes, please list the state, county and case number of the case(s).

5. Have your agency or any guardian currently employed by your agency ever been found liable in a subrogation action filed by an insurance or bonding agent?

Yes ☐ No ☐

If yes, please submit a letter explaining the circumstances, including the court and cause of any such action.

DECLARATION OF AGENCY APPLICANT

I, _____ and I, _____
(Name) (Name)

do each certify under penalty of perjury under the laws of the state of Washington that:

1. We are authorized to submit the foregoing application on behalf of

Agency Name: _____

2. We submit this application in order for our agency to be certified as a professional guardian service in the state of Washington; and
3. We each have read the foregoing application and the statements contained therein are full, true and correct.

READ CAREFULLY BEFORE SIGNING

WE UNDERSTAND THAT:

- We must report immediately to the Administrative Office of the Courts (AOC), in writing, any changes in information given the AOC in this application. Late, inaccurate, or non-reporting may cause incorrect decisions and delay or preclude certification. Information given at a later date is subject to the same verification of correctness as is the initial application.
- Information given on this application is subject to verification by the AOC or other state or federal agencies.
- By applying to be certified we agree to accept personal service by registered or certified mail at the address we have provided.

DECLARATION AND SIGNATURE

I have read and understood the information in this application. I declare, under penalty of perjury, under the laws of the state of Washington, the information I have given in this application or in any later supplementation is true, correct, and complete to the best of my knowledge.

At: _____ Date: _____

Signature of Applicant: _____

Signature of Applicant: _____

CHECKLIST

- Completed application ☐
- Completed and signed *Declaration of Agency Applicant* ☐
- Payment in the amount of \$75 ☐
(Check made payable to the Administrative Office of the Courts (AOC))

Please mail your completed application and payment to:

Guardian Certification Program
Administrative Office of the Courts
PO Box 41172
Olympia, WA 98504-1172